

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10 815,615

FILING DATE

8/30/06

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51			
2						1	52			
3							53			
4							54			
5							55			
6						1	56			
7							57			
8							58			
9						1	59			
10							60			
11							61			
12						1	62			
13							63			
14							64			
15							65			
16						1	66			
17							67			
18						1	68			
19							69			
20							70			
21						1	71			
22							72			
23						1	73			
24							74			
25						1	75			
26							76			
27						1	77			
28						2	78			
29						2	79			
30						2	80			
31						2	81			
32						2	82			
33						2	83			
34						2	84			
35						2	85			
36						2	86			
37						2	87			
38						2	88			
39						2	89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.						1				
TOTAL DEP.						46				
TOTAL CLAIMS						47				